Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information

A	F 4	l 2022 I	do to www.ns.gov// ormsso for instructions and the		1011.		<u> </u>
				nd ending	- In		20
В	$\overline{}$	if applicable:	С				fication number
	A	ddress change	THE CONSCIOUS ALLIANCE			0358	
	N	ame change	C/O JUSTIN LEVY		E Telephor	ne numb	er
	In	nitial return	3801 INDUSTRIAL LANE		720-	-406-	-7871
	Fi	nal return/terminated	BROOMFIELD, CO 80020				
	А	mended return			G Gross re	ceipts \$	14,211,176.
	HA	pplication pending	F Name and address of principal officer:	H(a) Is	this a group return	for sub	
	ш	, , , , , , , , , , , , , , , , , , ,	SAME AS C ABOVE	H(b) A	re all subordinates "No," attach a list.	included	
$\overline{}$	Tay	-exempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If	"No," attach a list.	See inst	ructions.
<u>'</u>			TPS://WWW.CONSCIOUSALLIANCE.ORG		rain avamation mill		
K					roup exemption nu		
		n of organization:		ar of formation: 2	2002 IVI S	tate of le	gal domicile: CO
Pa	art I	Summar	y		T1110F T0		
	1		be the organization's mission or most significant activities: CONS				
မွ			ELIEF ORGANIZATION THAT UNIFIES BANDS, B	<u>RANDS, AR</u>	<u>TISTS, AN</u>	D FA	NS TO
Governance		COLLECTI	VELY SUPPORT COMMUNITIES IN CRISIS.				
en		z					
્ટ્રે	2	Check this bo	I was a game and a market the approximation of an approximation and a second an				
~જ	3		oting members of the governing body (Part VI, line 1a)			3	15
es	5		tof individuals employed in calendar year 2022 (Part V, line 2a) .			5	14
Activities &	6		of volunteers (estimate if necessary)			6	9 0
둉	7a		ed business revenue from Part VIII, column (C), line 12			7a	-7,409.
4			I business taxable income from Form 990-T, Part I, line 11			7b	0.
	-	Tion annotation			Prior Year	75	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		8,083,8	Q Q	13,924,293.
Revenue	9		vice revenue (Part VIII, line 2g)		0,005,0	09.	13, 324, 233.
/en	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)			30.	67.
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,8		39,503.
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line		8,072,0		13,963,863.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)		76,7		15,919.
	14		to or for members (Part IX, column (A), line 4)		70,7	02.	13, 313.
			er compensation, employee benefits (Part IX, column (A), lines 5		C 4 0 4	Γ0	026 600
Se	15				648,4	58.	836,698.
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)				
- k	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 168	,675.			
Ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,630,3	48.	12,371,140.
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,355,5		13,223,757.
	19	Revenue less	expenses. Subtract line 18 from line 12		716,5		740,106.
- S					inning of Current		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		3,472,5		4,170,251.
Asse	21		s (Part X, line 26)		1,458,8		1,480,665.
det.	22	Not accets or	fund balances. Subtract line 21 from line 20				2,689,586.
D	art II	Signatur			2,013,7	03.	2,009,300.
com	er pena plete. D	Ities of perjury, I de Declaration of prepa	eclare that I have examined this return, including accompanying schedules and stateme arer (other than officer) is based on all information of which preparer has any knowledg	ents, and to the best e.	t of my knowledge a	and belie	et, it is true, correct, and
c:		Signature of	officer	Da	ate		
Sig He	gn					паша	T.
пе	i C	JUSTII	N LEVY	EXEC	UTIVE DIR	LCTO	K
		ž		Data		1 1.	OTIN
				Date	Check	」"	PTIN
Pa			SCHEPERS, CPA		self-employe	d]	P01447314
Pr	epar	er Firm's name					
Us	e Or	ily Firm's addre	ess 2440 JUNCTION PLACE STE 100		Firm's EIN	82-	-5140352
_			BOULDER, CO 80301		Phone no.	303-	545-5755
Ma	y the	IRS discuss th	is return with the preparer shown above? See instructions				

Check if Schedule O contains a response or note to any line in this Fart III. Briely describe the organization's mission: CONSCIOUS ALLIANCE IS A NATIONAL HUNGER RELIEF ORGANIZATION THAT UNIFIES BANDS, BRANDS, ARTISTS, AND FARS TO COLLECTIVELY SUPPORT COMMUNITIES IN CRISIS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZZ. Yes No If Yes, describe these news services on Schedule 0. Did the organization cause conducting, or make significant changes in how it conducts, any program services? Yes No If Yes, describe these changes on Schedule 0. Describe the organization or program service accomplishments for each of its three largest program services, as measured by expenses. Section 570 (c)3 and 50 (c)6(s) and 2010(s)(s) organizations are required to report the amount of grains and dilocations to others, the total expenses, and connect, any, for each program service reported. 4a (Code:) (Expenses \$ 12,709,849, including grants of \$	Par	t III	Statement of Program Service Acco			
CONSCIOUS ALLIANCE IS A NATIONAL HUNGER RELIEF ORGANIZATION THAT UNIFIES BANDS, BRANDS, ARTISTS, AND FANS TO COLLECTIVELY SUPPORT COMMUNITIES IN CRISIS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990-E27. 4 Peoprise the services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No IT Yes. Secrible these changes on Schedule O. 4 Describe the organization is program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)\$ and 501(c)\$40 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 12,700,849, including grants of \$) (Revenue \$ \$) THROUGH PARTINERING WITH OVER 70 BRANDS, 100 BANDS AND FESTIVALS, 100 POSTER ARTISTS, AND OVER 10,000 FAMS CONSCIOUS ALLIANCE PROVIDED 2,210,026 MEALS IN 2022, By STOPPING MILLIONS OF POUND FOR GOTHER OF THE LANDETLIA, THE ORGANIZATION REACHED CHILDREN AND FAMILLES FACING CHRONIC LOW ACCESS TO FOOD AS WELL AS COMMUNITIES IN CRISIS AFTER NATURAL DISASTERS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 5 (Revenue \$)		D : (1	-	note to any line in this Part III		
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Form 990 (2022) THE CONSCIOUS ALLIANCE Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) THE CONSCIOUS ALLIANCE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
D A A	(gambling) winnings to prize winners?	1c	X 000 (

Form 990 (2022) THE CONSCIOUS ALLIANCE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7f		Λ
Ĭ	as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		Х
Ū	organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	TTT 1440T - 00/04/00		000	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

JACK MENTO 2065 FLORAL DR. BOULDER CO 80304 303.888.7858

Form 990 (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any relation	ed organiz	ation	con	nper	ısate	ed any	/ cu	ırrent officer, direct	or, or trustee.	
				(C)						
(A) Name and title	(B) Average hours	Pos than is	ition one both dir	(do n box, an o ector	ot che unles officer /truste	eck moss personal and a ee)		Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) JUSTIN LEVY	40								_	
DIRECTOR	0			Χ					0.	0.
(2)										
<u>(4)</u>										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A.	Officers, Directors, Tru		Key	Em	_	_	es, a	and	d Highest Com	pensated Emp	oyees	(conti	nued)
		(B)			((•							
(A)		Average hours	Position (do not check more than one box, unless person is both an					one h an	(D) Reportable	(E) Reportable		(F)	
Na	me and title	per week					or/trus	tee)	compensation from	compensation from related organizations	C	ated amo	
		(list any hours	or d	isul	Officer	Key	High	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation i rganizati	ion
		for related	Individual or director	oitut	cer	emp	Highest co employee	ner	111100/1033 1120/	141100/1033 NEO)		d related anization	
		organiza - tions	E E	nalt		Key employee	comp						
		below dotted	Individual trustee or director	Institutional trustee		ðí	Highest compensated employee						
		line)		ਲ			ated						
(15)													
<u></u>			•										
(16)													
(17)													
(18)													
<u>(19)</u>													
(20)													
			•										
(21)													
			1										
(22)													
(23)													
(24)													
(25)													
			•										
1b Subtotal										0.			0.
c Total from continua	ation sheets to Part VII, Section	on A								0.			0.
d Total (add lines 1b	and 1c)									0.			0.
	iduals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	mo ,ot	0 of reportable comp	ensatio	า	
from the organization	on 1												•
												Yes	No
3 Did the organization	n list any former officer, direc "complete Schedule J for suc	tor, truste	e, ke	ey e	mplo	oyee	e, or	high	nest compensated	employee	3		Х
	•												A
4 For any individual little organization and	sted on line 1a, is the sum of d related organizations greate	reportab r than \$1	1e co 50,00	mp∈ 00?	ensa If "	ition Y <i>es.</i>	and " con	oth <i>nple</i>	er compensation ete Schedule J for	from			
such individual											. 4		X
5 Did any person liste	ed on line 1a receive or accrued to the organization? If "Yes	e comper	satio	n fr	om	any	unre	late	ed organization or	individual	5		Х
Section B. Independ		s, compre	-ie 3	CHE	uuie	3 10	JI SUI	CII L	Derson		. 3		Λ
1 Complete this table	for your five highest compen-	sated ind	epen	den	t cor	ntrad	ctors	tha	t received more th	nan \$100,000 of			
compensation from the	ne organization. Report compen		the c	alen	dar <u>:</u>	year	endii	ng v	i	í			
	(A) Name and business addi	ess							(B) Description (of services	Compe	C) nsatio	n
									,				
·													
	pendent contractors (including b	ut not lim	ited to	o the	se l	isted	abo	ve)	who received more	than			
\$100,000 of comper	nsation from the organization	0											

		Check if Schedule O contains a r	esponse or note to an	y line in this Part VI	IL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Membership dues	1a 64,470. 1c 1d 1e 13,859,823.				
Contribu	g h	Noncash contributions included in lines 1a-1f	1g 10,795,493.	13,924,293.			
Program Service Revenue	2a b c d		Business Code				
Progra	f g	All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividence other similar amounts) Income from investment of tax-exer Royalties	mpt bond proceeds	67.			67.
	6a b c	Gross rents	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b					
		Gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	8a 239,904. 8b 247,313.				
₹		Net income or (loss) from fundraising Gross income from gaming activities.		-7,409.		-7,409.	-7,409.
		See Part IV, line 19	9a 9b activities				
	10a b	Gross sales of inventory, less returns and allowances	10a 10b				
	С	iver income or (1055) from Sales of I					
Miscellaneous Revenue	11a b	INSURANCE_REIMBURSEMEN	Business Code	46,912.	46,912.		
ତ୍ର ତ୍ର	С						
Ž E	-	All other revenue		46.016			
	е 12	Total. Add lines 11a-11d		46,912.	46.912.	-7.409	-7.342

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX.									
Do r 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,919.	15,919.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,	,							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members	135,300.	104,181.	8,118.	23,001.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	561,723.	434,072.	35,312.	92,339.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	301,723.	434,072.	33,312.	92,339.					
9	Other employee benefits	82,856.	58,067.	24,789.						
10	Payroll taxes	56,819.	43,751.	3,409.	9,659.					
11	Fees for services (nonemployees):	,	·	į	•					
а	Management									
b	Legal	17,671.		17,671.						
С	Accounting	28,477.		28,477.						
d	Lobbying			·						
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column	55,124.	32,603.	22,521.						
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	47,331.	47,051.	22,321.	280.					
13	Office expenses	12,425.	47,001.	12,425.	200.					
14	Information technology	12, 120.		12/120.						
15	Royalties									
16	Occupancy	21,360.	13,111.	8,249.						
17	Travel	96,878.	95,541.	0,213.	1,337.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	30,010	33,322		2,00.1					
19	Conferences, conventions, and meetings									
20 21	Interest	62,710.	45,284.	17,426.						
22	Depreciation, depletion, and amortization	40,706.	28,494.	12,212.						
23	Insurance	56,786.	29,062.	27,724.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).	30,700.	29,002.	21,124.						
а	FOOD DISTRIBUTED	10,948,024.	10,948,024.							
b	TRUCKING & TRANSPORTATION	297,961.	297,961.							
С	PRINTING AND PUBLICATIONS	203,439.	188,414.	15,025.						
d	EQUIPMENT	100,929.	100,929.							
е	All other expenses	381,319.	218,385.	120,875.	42,059.					
25	Total functional expenses. Add lines 1 through 24e	13,223,757.	12,700,849.	354,233.	168,675.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).									

		Check if Schedule O contains a response or note to	o any line	e in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing			970,936.	1	1,452,786.	
	2	Savings and temporary cash investments			461,138.	2	647,768.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			275.	4	44,265.	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ier officei I contribu rsons	r, director, utor, or 35%		5		
	6	Loans and other receivables from other disqualified p		H=				
	0	section 4958(f)(1)), and persons described in section	•			6		
	7	Notes and loans receivable, net				7		
S	8	Inventories for sale or use		<u> </u>		8		
Assets	9	Prepaid expenses and deferred charges		9				
As	_	•	1 1			9		
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		2,113,938.				
	b	Less: accumulated depreciation	<u> </u>	88,506.	2,040,228.	10c	2,025,432.	
	11	Investments — publicly traded securities				11		
	12	Investments — other securities. See Part IV, line 11		-		12		
	13	Investments — program-related. See Part IV, line 11.				13 14		
	14	-	gible assets.					
	15	Other assets. See Part IV, line 11		-		15		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		3,472,577.	16	4,170,251.	
	17	Accounts payable and accrued expenses				17	35,072.	
	18	Grants payable		_		18		
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		<u> </u>		20		
ies	21	Escrow or custodial account liability. Complete Part I		_		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, dire utor, or 3 rsons	ector, trustee, 5%		22		
コ	23	Secured mortgages and notes payable to unrelated the			1,458,812.	23	1,421,847.	
	24	Unsecured notes and loans payable to unrelated third			1,430,012.	24	1,421,047.	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	23,746.	
	26	Total liabilities. Add lines 17 through 25			1,458,812.	26	1,480,665.	
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	,, .		,,	
lan	27	Net assets without donor restrictions			2,013,765.	27	2,689,586.	
Ва	28	Net assets with donor restrictions				28	= / *** / *** *	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here					
o	29	Capital stock or trust principal, or current funds			29			
ş	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30		
sse	31	Retained earnings, endowment, accumulated income		-		31		
t A	32	Total net assets or fund balances		<u> </u>	2,013,765.	32	2,689,586.	
Nei	33	Total liabilities and net assets/fund balances			3,472,577.	33	4,170,251.	
 DA		The state of the s		09/01/22	5,714,511.		Earm 900 (2022)	

	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,9	963,8	363.
2	Total expenses (must equal Part IX, column (A), line 25)	2		223,	
3	Revenue less expenses. Subtract line 2 from line 1	3		740,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4)13,	
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	-64,2	285.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,6	589,5	586.
Pai	t XII Financial Statements and Reporting	•	,		
	Check if Schedule O contains a response or note to any line in this Part XII				. П
-				Yes	_—
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
			21-		Х
I.	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ale			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	1 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Forr	n 990	(2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. CONSCIOUS ALLIANCE

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

C/O JUSTIN LEVY 27-0035894 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

BAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second	, third, fourth, or f	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•			•	<u> </u>	%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2022. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the lolicly supported o	box on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2021. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstance	s test, check this	box and stop here	e. Explain in Part \	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstance	s test, check this	box and stop here	. Explain in Part \	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	Section A. Public Support								
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions.	(0) = 1 10	(4) = 11	.,	(0) ===:	(-,	(7)		
	and membership fees received. (Do not include any "unusual grants.").	3,664,977.	4,469,827.	11479901.	13675789.	13924294.	47,214,788.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's								
	tax-exempt purpose	131,618.	108,885.	74,769.			315,272.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	, , , , , ,		22,371.			22,371.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			22,011.			0.		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 5	3,796,595.	4,578,712.	11577041.	13675789.	13924294.	47,552,431.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13								
_	for the year	0.	0.	0.	0.	0.	0.		
-	Public support. (Subtract line	0.	0.	0.	0.	0.	0.		
	7c from line 6.)tion B. Total Support						47,552,431.		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6	3,796,595.	4,578,712.	11577041.	13675789.	13924294.	47,552,431.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	,			13073703.				
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	41.	91.	76.		67.	275.		
	Add lines 10a and 10b	41.	91.	76.	0.	67.	275.		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI					46,912.	46,912.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,796,636.	4,578,803.	11577117.	13675789.	13971273.	47,599,618.		
	First 5 years. If the Form 990 is organization, check this box and	stop here							
	tion C. Computation of Pul								
	Public support percentage for 20	•	•		•		99.90 %		
	Public support percentage from 2						100.00 %		
Sec	tion D. Computation of Inv								
17	Investment income percentage f	•	• • •	-			0.00 %		
18	Investment income percentage f						0.00 %		
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organizatior	1 X		
	33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,			
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
		imily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		Yes	No
1	or moffice organization	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		les	NO
2	Did that ben	the tax year. the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
٠					
sec	tion	C. Type II Supporting Organizations		Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	
Sec	tion	D. All Type III Supporting Organizations			
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voic all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á		The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	吕	The organization is the parent of each of its supported organizations. Complete line 3 below.			
ď	吕	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Acti	vities Test. Answer lines 2a and 2b below.		Yes	No
ā	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
ŀ	mor reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
ā	Did each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
ŀ		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anızatı	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details					
	in Part VI). See instructions.	8				
9	Distributable amount for 2022 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2022	2021	2020	2019	2018
INSURANCE REIMBURSEMENT TOTAL	\$ 46,912. \$ 46,912.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	CONSCIOUS ALLIANCE USTIN LEVY		27-0035894
Pai		or Advised Funds or Other Sim	
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	or advisors in writing that the assets help organization's exclusive legal control?	d in donor advised funds
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for any	other purpose conferring
Pai	t II Conservation Easements.		
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by	<u></u>	
	Preservation of land for public use (for example		servation of a historically important land area
	Protection of natural habitat	Pres	servation of a certified historic structure
2	Preservation of open space	ald a qualified concentation contribution in t	the form of a concernation accoment on the
2	Complete lines 2a through 2d if the organization he last day of the tax year.	erd a quaimed conservation contribution in	the form of a conservation easement on the
	,		Held at the End of the Tax Year
ä	a Total number of conservation easements		2a
ı	Total acreage restricted by conservation easem	nents	2 b
(Number of conservation easements on a certification	ed historic structure included in (a)	2c
(Number of conservation easements included in	(c) acquired after July 25, 2006 and no	t on a
_	historic structure listed in the National Register		
3	Number of conservation easements modified, trans tax year	sterred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to cor	servation easement is located	
5	Does the organization have a written policy reg		non, handling of violations.
	and enforcement of the conservation easement		
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations, and enforce	cing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its reven the organization's financial statements	ue and expense statement and balance sheet, and that describes the organization's accounting for
Pai		ections of Art, Historical Treasu Yes" on Form 990, Part IV, line 8.	ires, or Other Similar Assets.
1 8	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education, or rese	nue statement and balance sheet works of art, earch in furtherance of public service, provide in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or research in	n furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, I	ine 1	\$
	(ii) Assets included in Form 990, Part X		\$ \$
2	If the organization received or held works of art, his amounts required to be reported under FASB A	storical treasures, or other similar assets for SC 958 relating to these items:	or financial gain, provide the following
	a Revenue included on Form 990, Part VIII, line		
I	Assets included in Form 990, Part X		\$

Part III	Organizations Main	taining Collec	tions of Art,	HISTORI	cai ireasures, o	r Otner Similar A	ssets	(contii	пиеа)
3 Using titems	the organization's acquisition (check all that apply):	, accession, and c	other records, che	eck any of	the following that ma	ke significant use of its	collection	n	
a Pu	ıblic exhibition		d 🔲 L	oan or exc	change program				
	cholarly research		e 🗌 C	ther					
	eservation for future gener								
4 Provide Part X	e a description of the organiz III.	ation's collections	and explain how	they furth	er the organization's	exempt purpose in			
to be	the year, did the organiza sold to raise funds rather th	nan to be mainta	ined as part of t	the organi	zation's collection?		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	i al Arrangem orm 990, Part X, li	ents. Complete ne 21.	if the org	anization answered	"Yes" on Form 990, Pai	t IV, lin	e 9, or	
1 a Is the	organization an agent, trus	stee, custodian o	r other intermed	liary for co	ontributions or other	assets not included	□ v	Г	¬
	m 990, Part X? ," explain the arrangement ir						Yes	L	No
Dil 163	, explain the arrangement in	i i ait XIII and con	ipiete trie ioliowi	rig table.			Amoun	t	
c Beginn	ning balance						7 (1110 011		
-	ons during the year								
e Distrib	utions during the year					. 1 e			
f Ending	g balance					. 1f			
2a Did the	e organization include an a	mount on Form 9	990, Part X, line	21, for e	scrow or custodial a	account liability?	Yes		No
b If "Yes	s," explain the arrangemen	t in Part XIII. Che	eck here if the e	explanatio	n has been provided	d on Part XIII		[
				1 115 /		W. II. 40			
Part V	Endowment Funds.	· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u> </u>	 		
1 - Dogina	aing of year balance	(a) Current year	(b) Prio	or year	(c) Two years back	(d) Three years back	(e)	Four years	s back
ŭ	ning of year balance						1		
b Contin	DULIONS						+		
	vestment earnings, gains, sses								
	s or scholarships						+		
	expenditures for facilities								
and pr	ograms								
f Admin	istrative expenses								
-	f year balance								
	e the estimated percentage	-		e (line 1g,	column (a)) held a	S:			
	designated or quasi-endov		~~~~~°						
	nent endowment	%							
	endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
The pe	rcentages on lines 2a, 2b, a	nd 2c should equa	1 100%.						
3a Are the	ere endowment funds not in t	the possession of t	the organization	that are he	ld and administered t	or the	ſ	V	
•	zation by: nrelated organizations						2-(1)	Yes	No
	elated organizations						3a(i)		
, ,	s" on line 3a(ii), are the rel						3a(ii)		
	be in Part XIII the intended	-					· Ju		
Part VI	Land, Buildings, an			William Ia	nus.				
I alt VI	Complete if the organizati			Part IV lir	ne 11a See Form 99	N Part X line 10			
	Description of property						(d)	Doole ve	
	Description of property	(a)	Cost or other ba (investment)		Cost or other basis (other)	(c) Accumulated depreciation	(a)	Book va	ilue
1 a Land.			. ,		502,446.			502	,446.
b Buildir	ngs				1,507,338.	85,360.	1		,978.
c Leasel	hold improvements				104,154.	3,146.			,008.
d Equipr	ment								
Total. Add I	ines 1a through 1e. (Colum	nn (d) must equal	Form 990, Par	t X, colum	n (B), line 10c.)		2	.025	.432.

BAA Schedule D (Form 990) 2022

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" of	in Form 990 Part IV line	N/A a 11h Saa Form 990 Part Y lina 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	al derivatives	, ,	(O) moundar on randarion door or only	
	held equity interests.			
(3) Other				
-				
(A) (B) (C) (D) (E)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	n (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" or	n Form 990 Part IV line	N/A a 11c See Form 990 Part Y line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)		(1)		· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX	(b) must equal Form 990, Part X, column (B) line 13.) Other Assets.	. N/ <i>I</i>		
Partix	Complete if the organization answered "Yes" of			
		escription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line	25
1.		cription of liability	t i i c oi i i i . See i oi i i 330, i ai t X, i i i e	(b) Book value
	al income taxes			(0) = 0000 00000
	X PAYABLE			3,088.
	OIT CARDS			20,658.
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column	n (b) must equal Form 990, Part X, column (B) line 25.)		·····	23,746.
	uncertain tax positions. In Part XIII, provide the text of the			
tax positions un	nder FASB ASC 740. Check here if the text of the footnote h	as been provided in Part XIII.		

Part XI F	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Ro	eturn. N/A
	complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total re	venue, gains, and other support per audited financial statements		1
2 Amount	s included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unre	ealized gains (losses) on investments	2 a	
b Donated	I services and use of facilities	2 b	
c Recover	ries of prior year grants	2 c	
d Other ([Describe in Part XIII.)	2 d	
e Add line	es 2a through 2d		2 e
3 Subtrac	t line 2e from line 1		3
4 Amounts	s included on Form 990, Part VIII, line 12, but not on line 1:		
a Investm	ent expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other ([Describe in Part XIII.)	4 b	
c Add line	es 4a and 4b		4 c
5 Total re	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
D			
Part XII F	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return. N/A
	Reconciliation of Expenses per Audited Financial Statemer complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With Expenses per	Return. N/A
			Return. N/A
1 Total ex	complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total ex 2 Amount	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements		
1 Total ex 2 Amount a Donated	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25:		
1 Total ex 2 Amount a Donated b Prior ye	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements	2a 2b	
1 Total ex 2 Amount a Donated b Prior ye c Other Id	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: I services and use of facilities ar adjustments.	2a 2b 2c	
1 Total ex 2 Amount a Donated b Prior ye c Other lo	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: d services and use of facilities ar adjustments sses.	2a 2b 2c 2d	
1 Total ex 2 Amount a Donated b Prior ye c Other lo d Other (I e Add line	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: d services and use of facilities ar adjustments passes. Describe in Part XIII.)	2a 2b 2c 2d	1
1 Total ex 2 Amount a Donated b Prior ye c Other lo d Other (I e Add line 3 Subtrace	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: It services and use of facilities ar adjustments passes. Describe in Part XIII.) ses 2a through 2d.	2a 2b 2c 2d	1 2e
1 Total ex 2 Amount a Donated b Prior ye c Other lo d Other (D e Add line 3 Subtrac 4 Amount	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: It services and use of facilities ar adjustments sses. Describe in Part XIII.) ss 2a through 2d. It line 2e from line 1.	2a 2b 2c 2d	1 2e
1 Total ex 2 Amount a Donated b Prior ye c Other lo d Other (I e Add line 3 Subtrac 4 Amount a Investm b Other (I	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: It services and use of facilities ar adjustments sses. Describe in Part XIII.) s 2a through 2d. t line 2e from line 1. s included on Form 990, Part IX, line 25, but not on line 1: ent expenses not included on Form 990, Part VIII, line 7b. Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1 2e
1 Total ex 2 Amount a Donated b Prior ye c Other lo d Other (I e Add line 3 Subtrac 4 Amount a Investm b Other (I c Add line	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: d services and use of facilities ar adjustments sses. Describe in Part XIII.) es 2a through 2d. t line 2e from line 1. s included on Form 990, Part IX, line 25, but not on line 1: ent expenses not included on Form 990, Part VIII, line 7b. Describe in Part XIII.) es 4a and 4b.	2a 2b 2c 2d 4a 4b	1
1 Total ex 2 Amount a Donated b Prior ye c Other lo d Other (I e Add line 3 Subtrac 4 Amount a Investm b Other (I c Add line 5 Total ex	complete if the organization answered "Yes" on Form 990, Part IV, line 12a. penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: It services and use of facilities ar adjustments sses. Describe in Part XIII.) s 2a through 2d. t line 2e from line 1. s included on Form 990, Part IX, line 25, but not on line 1: ent expenses not included on Form 990, Part VIII, line 7b. Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number THE CONSCIOUS ALLIANCE

27-0035894 C/O JUSTIN LEVY **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (i) Name and address of individual (iii) Did fundraiser (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 THE CONSCIOUS ALLIANCE 27-0035894 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) MUSIC PERFORMA NONE through column (c) (event type) (event type) (total number) Revenue 1 Gross receipts..... 239,904 239,904. 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... 239,904 239,904. Cash prizes..... Direct Expenses Rent/facility costs..... 7 Food and beverages 44,905 44,905. **9** Other direct expenses..... 202,408. 202,408. 10 Direct expense summary. Add lines 4 through 9 in column (d)...... 247,313. Net income summary. Subtract line 10 from line 3, column (d)..... -7,409. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... Direct Expenses **2** Cash prizes...... Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			
ā	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states?		ш	No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:		Yes	No
BAA	TEEA3702L 07/05/22	Schedi	ıle G (Forr	n 990) 2022

Sch	edule G (Form 990) 2022 THE CONSCIOUS ALLIANCE	27-003	5894	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in: a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name			
	Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:				
	Name			
	Address	. — — — —		i
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, of and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.	columns any addit	(iii) and (tional	v);

PART I, LINE 2B - FUNDRAISER ADDITIONAL INFORMATION MUSIC PERFORMANCES.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

THE CONSCIOUS ALLIANCE C/O JUSTIN LEVY

Employer identification number

27-0035894

Types of Property Part I (a) (b) (c) (d) Method of determining noncash contribution amounts Chèck if Number of Noncash contribution applicable contributions or amounts reported on Form 990, items contributed Part VIII, line 1g Art — Works of art..... Art — Historical treasures..... Art — Fractional interests..... Books and publications..... 4 5 Clothing and household goods..... 6 7 Boats and planes..... 8 Intellectual property..... 9 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous..... Qualified conservation contribution -13 Historic structures Qualified conservation contribution — Other. 14 15 Real estate - Commercial..... 16 17 Real estate – Other..... 18 10,795,493. \$1.73 PER LB 19 Food inventory..... 6,240,170 20 Taxidermy..... 21 Historical artifacts.... Scientific specimens..... 23 24 Archeological artifacts..... 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part V, Donee Acknowledgement..... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?..... 30 a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.... 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a **b** If "Yes." describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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describe in Part II.

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

T

THE CONSCIOUS ALLIANCE C/O JUSTIN LEVY

Employer identification number

27-0035894

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UNAUDITED ANNUAL REPORT IS MADE PUBLICLY AVAILABLE ON THE ORGANIZATIONS WEBSITE.